

EXHIBIT A

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

CHARLESTON DIVISION

IN RE: ETHICON, INC. PELVIC
REPAIR SYSTEM PRODUCTS
LIABILITY LITIGATION

MDL No. 2327

THIS DOCUMENT RELATES TO

Civil Action No.: 2:14-cv-06219

Billie Jo Aschmeller
Name of Plaintiff

PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a pelvic mesh product manufactured or sold by Ethicon, Inc. must complete this Plaintiff Fact Sheet. In completing this Fact Sheet, you are under oath and must answer every question and provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can and then state that your answer is incomplete and explain why as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact sheet herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33 and 34 and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26 through 37. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect. The questions and requests for production contained in the Fact Sheet are non-objectionable and shall be answered without objection. This Fact Sheet shall not preclude Defendants from seeking additional documents and information on a reasonable, case-by-case basis pursuant to the Federal Rules of Civil Procedure and as permitted by the applicable Case Management Order.

In filling out this form, please use the following definition: "healthcare provider" means any doctor, physician, surgeon, pharmacist, hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice, and any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, chiropractor, or other persons or entities involved in the diagnosis, care and/or treatment of you.

II. CLAIM INFORMATION

- 1) Please complete the following chart for each implanted Ethicon, Inc. pelvic mesh product. Insert additional lines as necessary.

Pelvic Mesh Product and lot number (if sticker affixed, so indicate)	Date and Location of Implant	Reason for Implant	Implanting Doctor and Address
Product No. 1: Lot # 3389734 TVT Order # 810041B	01/07/2011 at St. John's Hospital in Springfield, IL	Mixed Urinary Incontinence	Sohail Siddique SIU Uriology 415 N 9th St. Springfield, IL 62702
Product No. 2:			
Product No. 3:			

- 2) For each pelvic mesh product identified above, describe your understanding of the medical condition for which you received the pelvic mesh product(s): I was leaking urine frequently.
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- 3) For each Ethicon, Inc. pelvic mesh product identified above, indicate if, prior to implantation, you received any written and/or verbal information or instructions, including any risks or complications that might be associated with the use of the product(s)? Yes ___ No ☒ Don't Know ___

If Yes:

- a. Provide the date you received the written and/or verbal information or instructions:

- b. Identify by name and address the person(s) who provided the information or instructions: _____

- c. What information or instructions did you receive? _____

VERIFICATION

I, Ms Billie Jo Aschmeller, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet dated 2/19/2018 and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Ms Billie Jo Aschmeller
Signature of Plaintiff

VERIFICATION OF LOSS OF CONSORTIUM

I, _____ declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet dated _____ and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Consortium Plaintiff